MERCY MANOR TRANSITIONAL CENTER

JANESVILLE 53547 Phone: (608) 756-6050		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	27	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	28	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/03:	17	Average Daily Census:	15

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					0.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		More Than 4 Years	0.0
Day Services Respite Care	No No			65 - 74 75 - 84	5.9 29.4	 	5.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	5.9			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	29.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	35.3	65 & Over	94.1		
Transportation	No	Cerebrovascular	11.8			RNs	36.5
Referral Service	No	Diabetes	0.0	Gender	왕	LPNs	7.6
Other Services	No	Respiratory	11.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	47.1	Aides, & Orderlies	65.9
Mentally Ill	No			Female	52.9		
Provide Day Programming for		1	100.0				
Developmentally Disabled	No	I			100.0	I	
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Method of Reimbursement

		edicare			dicaid tle 19			Other			Private Pay			amily Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	231	0	0.0	0	0	0.0	0	1	100.0	231	0	0.0	0	1	100.0	231	17	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		0	0.0		0	0.0		1	100.0		0	0.0		1	100.0		17	100.0

Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/03
Deaths During Reporting Period							
	!	5	0		% Needing	0	Total
Percent Admissions from:		Activities of	용		sistance of	· · · · · · · · · · · · · · · · · · ·	Number of
Private Home/No Home Health	1.2	2 2 , ,	=	One	Or Two Staff	±	Residents
Private Home/With Home Health		5	0.0		94.1	5.9	17
Other Nursing Homes	2.8	2	5.9		88.2	5.9	17
Acute Care Hospitals	91.6	Transferring	11.8		82.4	5.9	17
Psych. HospMR/DD Facilities	0.0	Toilet Use	5.9		88.2	5.9	17
Rehabilitation Hospitals	0.0	Eating	94.1		5.9	0.0	17
Other Locations	2.2	******	******	*****	*****	******	*****
otal Number of Admissions	323	Continence		용	Special Treat:	ments	용
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	5.9	Receiving R	espiratory Care	5.9
Private Home/No Home Health	10.0	Occ/Freq. Incontinen	it of Bladder	11.8	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	58.7	Occ/Freq. Incontinen	it of Bowel	11.8	Receiving S	uctioning	0.0
Other Nursing Homes	2.9				Receiving O	stomy Care	0.0
Acute Care Hospitals	16.5	Mobility			Receiving T	ube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving M	echanically Altered Diets	11.8
Rehabilitation Hospitals	0.0	-			-	-	
Other Locations	8.4 i	Skin Care			Other Residen	t Characteristics	
Deaths	3.5 i	With Pressure Sores		17.6	Have Advanc	e Directives	58.8
otal Number of Discharges	i	With Rashes		5.9	Medications		
(Including Deaths)	310 i				Receiving P	sychoactive Drugs	41.2

	This	Other	Hospital-		All
	Facility	Based Facilities		Fac	ilties
	8	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	53.6	90.1	0.59	87.4	0.61
Current Residents from In-County	94.1	83.8	1.12	76.7	1.23
Admissions from In-County, Still Residing	5.0	14.2	0.35	19.6	0.25
Admissions/Average Daily Census	2153.3	229.5	9.38	141.3	15.24
Discharges/Average Daily Census	2066.7	229.2	9.02	142.5	14.51
Discharges To Private Residence/Average Daily Census	1420.0	124.8	11.38	61.6	23.05
Residents Receiving Skilled Care	100.0	92.5	1.08	88.1	1.14
Residents Aged 65 and Older	94.1	91.8	1.03	87.8	1.07
Title 19 (Medicaid) Funded Residents	0.0	64.4	0.00	65.9	0.00
Private Pay Funded Residents	5.9	22.4	0.26	21.0	0.28
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	5.9	32.9	0.18	33.6	0.18
General Medical Service Residents	0.0	22.9	0.00	20.6	0.00
Impaired ADL (Mean) *	42.4	48.6	0.87	49.4	0.86
Psychological Problems	41.2	55.4	0.74	57.4	0.72
Nursing Care Required (Mean)*	5.1	7.0	0.74	7.3	0.70